

Request for Flexible Work Schedule

Name of Employee: _____ Personnel Number: _____

Program/Office: _____

Job Classification: _____

I am requesting the following work schedule effective: _____.
(1st day of pay period)

Option 1

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Five-eight hour workdays

Daily work schedule _____ a.m. to _____ p.m.

Option 2

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Four-ten hour workdays

Daily work schedule: _____ a.m. to _____ p.m.

Workday off: _____

Option 3

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Four nine-hour workdays and one 4 hour day

Daily work schedule: _____ a. m. to _____ p.m.

½ day off _____

Time worked on ½ day _____ to _____

For holiday closures I will take the appropriate day off if the holiday falls on my scheduled day off.

I understand that changes to the above schedule are allowed once per quarter.

I will submit a new request form to my supervisor when a change is requested.

Employee Signature

Date

Mgr. /Supvr. Signature

Date

Appointing Authority (Exceptions)

Date